

my:health MEDISURE SUPER PRIME INSURANCE

KEY FEATURES

1. Critical Illness with Double Sum Insured cover.
2. Reinstatement of Sum Insured for Hospitalisation due to Accident when primary Sum Insured is exhausted.
3. Pre-existing diseases, injury/conditions covered after 2 years of continuous renewal.
4. Maternity Cover after 4 continuous renewals.
5. Lump-sum Recovery benefit and Hospital Cash Allowance.
6. No medical check-up required up to the age of 45 years for person with clean medical history.
7. Family Floater cover gives comprehensive protection to your family under a single Policy.
8. Two Year Policy period option
9. Zone Based Premium Structure
10. Lifetime Renewals
11. Provision for health check at the end of two continuous claim free renewals for persons above 45 years of age.
12. Cumulative Bonus for claim free renewals
13. 24x7 cashless facility at all major hospitals across India in the network.
14. Income Tax benefits under Section 80 D.
15. Instant Policy issuance up to 45 years with clean medical history.
16. Concierge Services for cashless claims.
17. Case Managers
18. Claims Service Assurance

SCOPE OF COVER

- I) **Basic Cover**
- 1) **Hospitalisation**
Payment of hospitalisation expenses incurred by the Insured / Insured Person for treatment of disease, illness, injury in a Hospital as an in-patient which includes, among other things, cover for Hospital (Room & Boarding and Operation theatre) charges, fees of Surgeon, Anesthetist, Nurses, Specialists, the cost of diagnostic tests, medicines, blood, oxygen, internal appliances like pacemaker.
The Insured/Insured Person should have been hospitalised as an in-patient for a minimum period of 24 hours. However, in respect of the Day Care treatment undertaken in a Hospital / Nursing Home, 24 hours hospitalisation is not necessary.
- 2) **Day Care Treatment**
Payment of expenses relevant medical expenses incurred by the Insured / Insured Person in case of day care treatment, for treatment or procedures that requires less than 24 hours hospitalization due to advancement in technology undertaken in a Hospital / Nursing Home/Day Care Centre on the recommendation of a Medical Practitioner, but does not cover any treatment in an outpatients department
- 3) **Pre-Hospitalisation**
Payment of relevant medical expenses incurred during a period up to the 60 days prior to hospitalisation for treatment of disease, illness or injury sustained and considered a part of a claim admissible under the Policy
- 4) **Post-Hospitalisation**
Payment of relevant medical expenses incurred during a period up to 90 days after discharge from Hospital / Nursing Home for continuous treatment of the disease, illness or injury sustained for which the Insured / Insured Person was hospitalised giving rise to an admissible claim under
- 5) **Pre-existing diseases**
Payment of relevant medical expenses incurred from the 3rd year of the Policy after 2 continuous renewals of the Policy with the Company, towards treatment of pre-existing diseases, illness, injury or condition in a Hospital/Nursing Home as an in-patient
- 6) **Critical Illness (Additional Coverage on Reimbursement Basis)**
The Policy provides for an additional amount equivalent to the Sum Insured opted under Hospitalisation, towards treatment of the below mentioned critical illnesses.
First Diagnosis of:
 - i) Cancer (of specific severity)
 - ii) Kidney Failure (requiring regular dialysis)
 - iii) Multiple Sclerosis
 - iv) Primary Pulmonary Arterial Hypertension or
 Undergoing for the first time of the following surgical procedures:
 - i) Major Organ Transplant
 - ii) Aorta Graft Surgery
 - iii) Coronary Artery Bypass Graft
 Occurrence for the first time of the following medical events:
 - i) First Heart Attack (of specific severity)
 - ii) Stroke (resulting in permanent symptoms)

the above critical illness undertaken in a Hospital/Nursing Home as an In-patient and will not be available for other illnesses/hospitalization. For all other illnesses/hospitalization benefits the limits shall be Sum Insured available under Hospitalisation benefit.

Insured Person(s) diagnosed with a particular Critical Illness listed above during a policy period shall not be entitled to avail the benefits under the same Critical Illness for subsequent renewals. However he will continue to be covered for the remaining critical illnesses.

Coverage offered under this Section is in addition to the hospitalization cover and the cumulative Sum Insured under both sections could be used for any one Critical Illness Event.

7) **Benefit for Hospitalisation due to Accident**

In the event of the Sum Insured having been exhausted for any reason and the Insured/Insured Persons have to subsequently, during the Policy Period, incur any expense on hospitalisation solely attributable to any accident, then the Sum Insured shall be reinstated to the extent of the eligible claim amount arising out of such hospitalisation. However such reinstatement shall not exceed the original Sum Insured.

Maximum amount payable under a single claim shall not exceed the Sum Insured opted under the policy in case of a floater and individual Sum Insured in case of individual cover.

8). **Maternity Cover**

Medical Expenses for the delivery of a child (including pre-post natal expenses) and/or Expenses related to a Medically Necessary and lawful termination of pregnancy shall be covered during the Policy limited to maximum 2 deliveries and/or termination(s) during the lifetime of an Insured/Insured Person subject to a maximum of 5% of opted Sum Insured or 25,000 for normal delivery and 10% of Sum Insured or a maximum of 50,000 for caesarean section whichever is lower.

Coverage is limited to Self and lawfully wedded Spouse, when both are covered under a single Policy either as a family floater or individually for a continuous period of 48 months.

Coverage under a policy as a dependant will not be considered as part of continuous cover.

a) Any complication arising out of or as a consequence of maternity/child birth will be covered within the limit of Sum Insured available under this benefit.

b) Coverage shall be restricted to first two children only.

The following expenses are not covered under Maternity Benefit:

- a) Medical Expenses in respect of the harvesting and storage of stem cells when carried out as a preventive measure against possible future illnesses.
- b) Medical Expenses for ectopic pregnancy. However, these expenses will be covered under the Hospitalisation Expenses under of Scope of Cover above.

9) **New Born Baby Cover**

Coverage for a New Born Baby shall be allowed subject to a valid claim being accepted under Maternity Cover 8 above

The following will be covered within limit of the Sum Insured available under the Maternity Cover:

a) Medical Expenses towards treatment of the Insured Person's new born baby while the Insured Person is hospitalised as an in-patient for delivery

b) Charges incurred on the new born baby during and post birth including any complications shall be covered up to a period of 90 days from the date of birth and within the limit of Sum Insured under Maternity Cover.

c) Reasonable and Customary vaccination expenses of the new born baby till he/she completes 90 days. Where a Policy ends before the new born baby has completed 90 days, then, such vaccinations shall be covered until the expiry of the policy only.

Coverage of the baby beyond 90 days shall be subject to addition of the baby into the policy by way of an endorsement or at the next renewal whichever is earlier on payment of requisite premium.

II) **Value Added Covers**

Benefits under this Section are Value added covers payable up to the limit of the Sum Insured as specified in the Schedule to the Policy and shall not exceed the overall limit of Sum Insured opted by the Insured during the policy period. Benefits under each value added cover shall be available separately to each Insured/Insured Person and available per hospitalisation.

A valid claim should, have been admitted under the basic cover of the Policy, for admission of liability under each of the value added covers.

1) **Donor Expenses**

Reimbursement of expenses incurred towards hospitalization of the

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donor in case of major organ transplant subject to the overall limit of the Sum Insured under Hospitalisation Cover.

- 2) **Hospital Cash**
Payment to the Insured / Insured Person of a Daily Hospital Cash Allowance of Rs 1000 per day for a maximum of 7 days in case of Hospitalisation exceeding 3 days continuously.
- 3) **Ambulance Charges**
Reimbursement to the Insured/ Insured Person for expenses incurred for his / her transportation by ambulance to the Hospital / Nursing Home for treatment of the disease / illness / injury necessitating his / her admission to Hospital / Nursing Home up to a maximum of Rs 1500 per hospitalisation
- 4) **Recovery Benefit**
Payment of a lump-sum amount of Rs 10,000 to the Insured / Insured Person in the event of his /her hospitalisation for a disease / illness / injury for a continuous period of not less than 10 days
- 5) **Expenses on accompanying person**
Reimbursement to the Insured / Insured Person for expenses incurred by the accompanying person at the Hospital / Nursing Home up to a maximum of Rs. 500 per day, towards treatment of Insured / Insured Person for a disease, illness, injury necessitating his / her hospitalization for a maximum period of 5 days subject to hospitalization exceeding 3 days and such expenses being charged/included as a part of the main Hospital Bill of the Insured/Insured Person

ADDITIONAL FEATURES

1. **Family Floater**
The Policy can be issued to a family on a floater basis covering a maximum of four persons comprising the Insured, his/her lawful spouse and two dependant children up to the age of 18 years.
2. **2 Year Health Check Up**
A Comprehensive Health Check-Up for Insured Persons above the age of 45 years at the end of every two continuous policy years (Irrespective of a claim under the Policy). Health Check-ups will be arranged by the Company and carried out at the Company's network Hospital/ Clinics/ Diagnostic Centres. Insured Persons entering the Policy at 43 will be eligible for this check up on 2nd renewal of the policy provided they have attained 46 years of age at the time of such eligibility.
3. **Age Eligibility**
Minimum age at entry will be 3 months for children and 18 years for adults. Maximum age at entry will be 65 years for adults. Children between the age group of 3 months (91 days) to 18 years will be covered only if either of the parent is covered. The Policy will be renewable for lifetime.
4. **Family Discount**
A 10% Family discount will be available on base premium where a single Policy includes more than two members of a family viz: Proposer, Lawful Spouse, Maximum 2 dependant children between the age group of 3 months to 18 years and dependant parents up to the age of 65 years provided that Sum Insured is on individual basis. Family discount is available for a family of maximum 6 members and shall not apply to floater policies.
5. **L&T Group Employee Discount**
A 10% Employee Discount will be available on the base premium for all Larsen & Toubro Limited Group Companies' Employees and Associates.
6. **Sum Insured Options**
3 Lac to 10 Lacs in multiples of 1 Lac.
7. **Income Tax benefit**
Premium paid under the Policy shall be eligible for income tax deduction benefit under Sec 80 D as per the Income tax Act.
8. **Policy Period option**
Policy can be issued or renewed for one year or two continuous years at the option of the Insured.
9. **Medical Test Requirement**
All Individuals above the age of 45 years may be required to undergo pre-acceptance medical tests. All Medical reports need to be within 30 days from date of Proposal form and can be conducted at the Company's list of Network Hospitals/Clinics. In case of accepted proposals the Company shall reimburse 100% of the pre-acceptance medical test costs. For individuals below 45 years as per the declarations made on the proposal form Medical Tests may be required

on a case to case basis

Medical Tests required for age group 46-55 includes Medical Examination Report, Electrocardiogram, Serum Triglycerides, Fasting Blood Sugar, Serum Creatinine, Urinalysis, SGOT & SGPT.

Medical Tests required for age group 56-65 includes Medical Examination Report, Electrocardiogram, Complete Blood Count, Lipid Profile, Fasting & Post Prandial Blood Sugar, Serum Creatinine, Urinalysis, SGOT, SGPT and GGT.

Based on the evidence from the above reports the Company may call for additional reports on a case to case basis to determine the acceptance of a Proposal. 50% Cost of any additional test shall be borne by the Insurer for accepted proposals.

10. Renewal Features

Renewals will be available for lifetime and will not be denied except on grounds of misrepresentation, fraud, non-disclosure or non co-operation from the Insured. Continuity will be provided if renewed within 15 days from the date of expiry of previous policy. If there is a break in the policy, any claim occurring within the break in period will not be covered under the policy.

All renewals beyond the age of 70 years will have to bear a 25% co-pay on each and every admissible claim amount.

The Company reserves its rights to vary the premium from time to time subject to approval of IRDA.

This Policy is portable with effect from 1st July 2011, Insured may approach another insurer well before the expiry date to avoid any break in coverage.

11. Cumulative Bonus

A 5% increase in Sum Insured will be allowed at the time of renewal, where the Policy is claim free in the expiring year. This cumulative bonus can be accumulated up to a maximum of 50% and will be reduced to 0% in the event of a claim being reported under the policy, however the basic Sum Insured will be maintained at all times.

Where the Policy is issued as a floater, cumulative bonus will be considered for all Insured Persons put together in the Floater.

For Roll Over Cases Earned Cumulative Bonus from previous insurer will be taken in to account.

12. Continuity Benefit

Continuity benefits shall be offered to all such Individuals who have maintained an indemnity policy with an Indian Insurer on a standalone basis (not under a group cover) which is in force at the time of proposing for this Policy and corresponds to the Policy Option proposed in this Policy i.e. Individual or Floater. Continuity of cover shall entitle the Individual for carry forward of Cumulative Bonus if earned and waiver of Exclusion 2 listed in the Policy, however waiver of exclusion for Pre-existing Diseases will not be available.

13. Cancellations

Cancellation may be intimated to the Company by giving 15 days notice in which case the Company shall refund the premium for the unexpired term on the short period scale mentioned below. .

Period of Cover up to	Refund of Annual Premium rate (%)
1 Month	75%
3 Month	50%
6 Month	25%
Exceeding 6 Months up to 365 days	NIL

The company may cancel a policy on grounds of misrepresentation, fraud, non-disclosure of material fact or for non co-operation of the insured without any refund of premium.

For long term contracts the Company shall from the date of receipt of notice cancel the Policy and retain 15% of the pro-rata premium relating to the balance period.

Eg. 2 Year Policy issued for 730 days.

Cancellation request received on day 395(1 year and 1 month)

The amount refunded will be calculated as follows:

The amount to be refunded will be 15% less than the pro-rata premium for the balance period. 2 year premium Rs 1000. Utilised period 395 days, unutilised period 335. Pro-rata premium for unutilised premium will be Rs 458.9

Refund amount shall be 458.9-15% i.e (458.9 – 68.83) = Rs 390

However, in case of a valid claim being paid or reported under the Policy, there would be no refund of premium. A minimum premium of Rs 250 per

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policy will be retained by the Company towards administration charges.

14) Free-look Period

A period of 15 days from the date of receipt of the Policy document is available to review the terms and conditions of this Policy. The Insured has the option of cancelling the Policy stating the reasons for cancellation. If he has any objections to any of the terms and conditions. The Company shall refund the premium paid after adjusting the amounts on Stamp duty charges and proportionate risk premium. Cancellation will be allowed only if there are no claims reported under the Policy. All rights under this Policy shall immediately stand extinguished on the free look cancellation of the Policy. Free look provision is not applicable and available at the time of renewal of the Policy.

SERVICE FEATURES

Service features are inbuilt in to the policy and will be available to all Insured Persons without any additional cost.

1) Case Manager

The Policy will provide an option for a Personal Case Manager, who will visit the Insured with prior appointment once the Policy document has been received by the Insured. The Case Manager will explain the claim process, provide health tips for an improved lifestyle and resolve any Policy related queries

2) Concierge Service

Personal assistance at the time of cashless admission and discharge at the hospital on request shall be available to the Insured in select cities and hospitals between 8 am to 8 pm

3) Service Assurance

Cashless: The Company assures a response in a maximum 6 hours of cashless intimation provided intimation is received within working hours from 9am to 9pm on Monday to Saturday. During non working hours response will be in a maximum of 8 hours

Reimbursement: The Company assures a response in maximum 6 working days of receipt of complete set of documents by the TPA.

In case the Company fails this assurance, a fixed compensation of Rs 1000 shall be payable to the Insured for a single claim.

Response from TPA shall be either for Approval or Rejection.

Assurance is applicable only to the first response on a single claim and no subsequent correspondence.

4) Third Party Administrator

Wherever the services of a TPA are being used for claims processing the Insured will be provided with an option to seek change of TPA at the time of renewal within 30 days prior to renewal.

EXCLUSIONS

The Company shall not be liable to make any payment for any claim directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:

- All pre-existing diseases / illness / injury / conditions as defined in the Policy, until 24 months of continuous covers have elapsed since inception of the first Policy with us.
- Any disease contracted and/or medical expenses incurred in respect of any disease/illness by the Insured/Insured Person during the first 30 days from the commencement date of the Policy except in case of accidental injuries. This exclusion doesn't apply for Insured/Insured Person having any health insurance indemnity policy in India atleast for 1 year prior to taking this Policy as well as for subsequent renewals with the Company without a break.
- All expenses along with their complications on treatment towards Cataract, Hysterectomy for Menorrhagia or Fibromyoma, Knee Replacement Surgery (other than caused by an accident), Arthritis, Rheumatism, Joint Replacement Surgery (other than caused by accident), Prolapse of Intervertebral discs (other than caused by accident), Varicose Veins and Varicose Ulcers, Hernia, Stones in the urinary uro-genital and biliary systems, Benign Prostate Hypertrophy, Hydrocele, Congenital internal anomaly, Fistula in anus, Piles, Pilonidal sinus, Chronic Suppurative Otitis Media (CSOM), Deviated Nasal Septum, Sinusitis and related disorders, Surgery on tonsils/Adenoids, gastric and duodenal ulcer, any type of Cysts/Nodules/Polyps, and any type of Breast lumps, Hypertension and Diabetes and related complications during the first two years (24 months) of continuous operation of this insurance cover.
Diabetes & Related complications include: Diabetic Retinopathy, Diabetic Nephropathy, Diabetic Foot/Wound, Diabetic Angiopathy, Diabetic Neuropathy, Hyper/Hypoglycemic Shocks.
Hypertension & Related complications include: Coronary Artery Disease, Cerebrovascular Accident, Hypertensive Nephropathy, Internal Bleed/Haemorrhages. If these diseases are pre-existing at the time of proposal or subsequently found to be pre-existing exclusion 1 above

shall apply

- Any treatment arising from or traceable to pregnancy, childbirth including caesarean section until 48 months of continuous coverage has elapsed since the inception of the first policy with us. However, this exclusion/waiting period will not apply to Ectopic Pregnancy proved by diagnostic means and certified to be life threatening by the attending Medical Practitioner.
- Any Domiciliary Hospitalization / Treatment.
- Circumcision unless necessary for treatment of a disease, illness or injury not excluded hereunder or due to an accident.
- Genetic disorder and stem cell implantation/surgery.
- Dental treatment or surgery of any kind unless necessitated due to an accident and requiring minimum 24 hours hospitalization or treatment of irreversible bone disease involving the jaw which cannot be treated in any other way, but not if it is related to gum disease or tooth disease or damage.
- Birth control procedures, hormone replacement therapy and voluntary termination of pregnancy during the first 12 weeks from the date of conception.
- Routine medical, eye and ear examinations, cost of spectacles, laser surgery for cosmetic purposes or corrective surgeries, contact lenses or hearing aids, vaccinations except post-bite treatment or for new born baby up to 90 days, issue of medical certificates and examinations as to suitability for employment or travel.
- All expenses arising out of any condition directly or indirectly caused due to or associated with human T-cell Lymphotropic virus type III (HTLV-III) or Lymphadenopathy Associated Virus (LAV) or Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex syndrome (ARCS) and all diseases / illness / injury caused by and/or related to HIV and sexually transmitted diseases.
- Vitamins and tonics unless forming part of treatment for disease, illness or injury and prescribed by a Medical Practitioner.
- Instrument used in treatment of Sleep Apnea Syndrome (C.P.A.P) and Continuous Peritoneal Ambulatory Dialysis (C.P.A.D.) and Oxygen Concentrator for Bronchial Asthmatic condition, Infusion pump or any other external devices used during or after treatment.
- Artificial life maintenance, including life support machine use, where such treatment will not result in recovery or restoration of the previous state of health.
- Treatment for developmental problems including learning difficulties eg. Dyslexia, behavioural problems including attention deficit hyperactivity disorder (ADHD)
- Treatment for general debility, ageing, convalescence, run down condition or rest cure, congenital external anomalies or defects, sterility, infertility including IVF, impotency, venereal disease, puberty, menopause or intentional self-injury, suicide or attempted suicide (whether sane or insane).
- Certification / Diagnosis / Treatment by a family member or from persons not registered as Medical Practitioners under the respective Medical Councils, or any diagnosis or treatment that is not scientifically recognized or experimental or unproven.
- Ailment requiring treatment due to use, abuse or a consequence of an abuse of any substance, intoxicant, drug, alcohol or hallucinogen and treatment for de-addiction, or rehabilitation.
- Any illness or hospitalisation arising or resulting from the Insured/Insured person or any of his family members committing any breach of law with criminal intent.
- Any treatment received in convalescent homes, convalescent hospitals, health hydros, nature cure clinics or similar establishments.
- Prostheses, corrective devices and medical appliances, which are not required intra-operatively for the disease/ illness/ injury for which the Insured / Insured Person was hospitalised.
- Any stay in Hospital without undertaking any treatment or where there is no active line of treatment by the Medical Practitioner.
- Treatment of any mental illness or sickness or disease including a psychiatric condition, disorganization of personality or mind, or emotions or behaviour, Parkinsons or Alzheimer's disease even if caused or aggravated by or related to an Accident or Illness or general debility or exhaustion ("run-down condition").
- Any cosmetic surgery unless forming part of treatment for cancer or burns, surgery for sex change or treatment of obesity/morbid obesity or treatment/surgery /complications/illness arising as a consequence thereof.
- Charges incurred primarily for diagnostic, X-ray or laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment even if the same requires confinement at a Hospital/Nursing Home.
- Costs of donor screening and organ.
- Any form of Non-Allopathic treatment, Naturopathy, hydrotherapy, Ayurvedic, Homeopathy, Acupuncture, Reflexology, Chiropractic treatment or any other form of indigenous system of medicine
- Insured/ Insured Persons whilst engaging in speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock

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- climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports or involving a naval military or air force operation.
29. Insured/Insured Person whilst flying or taking part in aerial activities (including cabin crew) except as a fare-paying passenger in a regular Scheduled airline or air Charter Company.
 30. All expenses caused by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.
 31. All expenses directly or indirectly, caused by or arising from or attributable to foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country), civil war, public defense, rebellion, revolution, insurrection, military or usurped power.
 32. All non-medical expenses including but not limited to convenience items for personal comfort not consistent with or incidental to the diagnosis and treatment of the disease/illness/injury for which the Insured/Insured Person was hospitalized, Ambulatory devices, walker, crutches, belts, collars, splints, slings, braces, stockings of any kind, diabetic footwear, glucometer/thermometer and any medical equipment that is subsequently used at home.
 33. Service charges or any other charges levied by the hospital, except registration/ admission charges.

General Conditions

Some of the conditions to be fulfilled by the Insured/Insured Person is listed below:

1. Premium payable under this Policy shall be payable in advance.
2. The Insured/Insured Person is required to ensure there is no misrepresentation, misdescription or nondisclosure of any material fact related to assumption of risk.
3. The Insured /Insured Person shall ensure due observance and fulfillment of the terms, conditions and endorsements on the Policy.
4. Every notice and communication to the Company shall be in writing addressed to the Policy issuing office of the Company.
5. Upon the happening of any event giving rise or likely to give rise to a claim under the Policy, the Insured /Insured Person shall -
 - a. Intimation of claim should be made at least 72 hours prior to hospitalization in case of planned hospitalization and within 24 hours of hospitalization in case of an emergency hospitalization,
 - b. for reimbursement cases, file the claim within 30 days from the date of discharge from Hospital/ Nursing Home;
 - c. Furnish all original bills, receipts and other documents upon which the claim is based and shall give such other information and assistance as may be required for claim settlement;
 - d. submit, if so required, to examination by a Medical Practitioner authorised by the Company.

Note: Applicable Taxes prevailing at the time of claim will be considered as part of Claim Amount and the aggregate liability of the Company, including any payment towards such Taxes shall in no case exceed the Sum Insured opted. Delayed intimation of claim or delay in submission of documents for reimbursement beyond stipulated time, may prejudice the claim.

PREMIUM CHART

Premium has been derived under 3 Zones as indicated. Listed premium is in Rupees, excluding Service Tax for a single Individual.

Zone 1: Mumbai, Thane, Navi Mumbai, Delhi, and NCR Regions								
Age - years	SI (₹) 300000	SI (₹) 400000	SI (₹) 500000	SI (₹) 600000	SI (₹) 700000	SI (₹) 800000	SI (₹) 900000	SI (₹) 1000000
3m-25	4,940	6,283	7,627	8,924	10,173	11,190	12,085	12,690
26-35	5,961	7,592	9,224	10,792	12,302	13,533	14,615	15,346
36-40	6,981	8,901	10,820	12,660	14,432	15,875	17,145	18,002
41-45	8,114	10,225	12,337	14,434	16,454	18,100	19,548	20,525
46-50	12,131	15,101	17,889	20,930	23,860	26,246	28,346	29,763
51-55	15,533	19,372	23,211	27,157	30,959	34,055	36,779	38,618
56-60	19,942	24,932	29,923	35,010	39,911	43,902	47,414	49,785
61-65	29,469	37,147	44,824	52,444	59,786	65,765	71,062	74,578

Zone 2: Bangalore, Kolkata, Chennai, Hyderabad, Pune, & Gujarat Region								
Age - years	SI (₹) 300000	SI (₹) 400000	SI (₹) 500000	SI (₹) 600000	SI (₹) 700000	SI (₹) 800000	SI (₹) 900000	SI (₹) 1000000
3m-25	4,507	5,728	6,950	8,131	9,269	10,196	11,012	11,563
26-35	5,435	6,918	8,401	9,829	11,205	12,326	13,312	13,978
36-40	6,363	8,108	9,853	11,527	13,141	14,455	15,612	16,392
41-45	8,433	9,353	11,272	13,188	15,035	16,538	17,861	18,754
46-50	11,203	13,820	16,438	19,232	21,924	24,117	26,046	27,349
51-55	14,296	17,786	21,276	24,893	28,378	31,215	33,712	35,398
56-60	18,333	22,870	27,407	32,066	36,555	40,211	43,428	45,599
61-65	26,994	33,974	40,954	47,916	54,624	60,086	64,893	68,138

Zone 3: Rest of India (excluding region in Zone I & II)								
Age - years	SI (₹) 300000	SI (₹) 400000	SI (₹) 500000	SI (₹) 600000	SI (₹) 700000	SI (₹) 800000	SI (₹) 900000	SI (₹) 1000000
3m-25	4,290	5,451	6,611	7,735	8,818	9,699	10,475	10,999
26-35	5,172	6,581	7,990	9,348	10,657	11,723	12,660	13,293
36-40	6,053	7,711	9,369	10,961	12,496	13,746	14,854	15,587
41-45	7,093	8,917	10,740	12,566	14,325	15,757	17,018	17,869
46-50	10,739	13,225	15,712	18,383	20,956	23,052	24,896	26,141
51-55	13,677	16,993	20,308	23,760	27,087	29,796	32,179	33,788
56-60	17,529	21,839	26,149	30,594	34,877	38,365	41,434	43,506
61-65	25,757	32,388	39,018	45,651	52,043	57,247	61,827	64,918

FLOATER LOADINGS ON BASE PREMIUM

Age Band (Year)	1 Adult and 1 Child	1 Adult and 2 Children	2 Adult	2 Adult and 1 Child	2 Adult and 2 Children
3m-25	20%	40%	45%	65%	85%
26-35	20%	40%	45%	65%	85%
36-40	20%	40%	45%	65%	85%
41-45	20%	40%	45%	65%	85%
46-50	20%	40%	45%	65%	85%
51-55	20%	40%	45%	65%	85%
56-60	20%	40%	45%	65%	85%
61-65	20%	40%	45%	65%	85%

TWO YEAR POLICY

For a two year Policy a discount of 5% will be available on the combined premium for both the years

LOADINGS

The Company may allow for additional loadings based on habits, declaration of health status as well as the based on the results of Medical Tests not exceeding 100% of applicable premium in the following scale

- i) Depending on quantity of Smoking maximum up to 20%
- ii) Depending on quantity of Alcohol consumption up to 20%
- iii) Based on Adverse Health Declarations maximum up to 30%
- iv) Accepted deviations in medical reports up to 30%

ZONAL CLASSIFICATION

Zone I (All India Cover): Mumbai and Delhi Regions
 Zone II: Chennai, Hyderabad, Bangalore, Pune, Kolkata and Gujarat Regions
 Zone III: Rest of India excluding the locations mentioned under Zone I & Zone II
 Identification of Zone will be based on the location of the Proposed Insured persons.

- a. **Persons paying Zone I premium** can avail treatment all over India without any sublimits.
- b. **Persons paying Zone II premium**
 - i) Can avail treatment in Zone II and Zone III without any sublimits.

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ii) Availing treatment in Zone I will have to bear 10% of each and every claim.

(c) Person paying Zone III premium

- i) Can avail treatment in Zone III, without any sub limits.
- ii) Availing treatment in Zone II will have to bear 10% of each and every claim.
- iii) Availing treatment in Zone I will have to bear 20% of each and every claim.

Proposer's in Zone II and Zone III have an option to choose Coverage under Zone I (all India Cover) at the time of taking the first policy.

Insured Persons above the age of 70 years will have an additional co-payment obligation of 25% irrespective of the Zone.

The Product Prospectus gives salient features of the Product only, for complete details on the Product a reference may be made to the Policy Wordings.

CLAIMS PROCEDURE

Procedure	Cashless Hospitalization		Cashless claims for Hospitalizations outside India	Reimbursement Claims
	Emergencies	Planned		
Claim Intimation	You shall intimate the Claims to us through any available mode of communication as specified in the Policy, Health Card or our Website			
Claim Intimation Timelines	Within 24 hours of the Hospitalization	At least 72 hours prior to the planned Hospitalization	Within 24 hours of the Emergency Hospitalization At least 72 hours prior to the planned Hospitalization	Within 48 hours of admission or before discharge from the Hospital, whichever is earlier
Particulars to be provided to Us for Claim notification	I. The health card issued by Us ii. KYC documents iii. The Policy Number iv. Name of the Policyholder v. Name and address of Insured Person in respect of whom the request is being made vi. Nature of the Illness/Injury and the treatment/Surgery required vii. Name and address of the attending Medical Practitioner viii. Hospital where treatment/Surgery is proposed to be taken or /Hospital where the Insured person is admitted ix. Proposed /Actual Date of admission			
Particulars to be provided for pre-authorization	i. Policy Number ii. Name of the Insured person(s) named in the Policy schedule availing treatment iii. Nature of disease/Illness/Injury iv. Name and address of the attending Medical Practitioner/Hospital v. Date of admission & probable date of discharge vi. Approximate Claim Expenses vii. Any other relevant information as required			Not Applicable
Process for obtaining Pre-Authorization	i. If the particulars are not provided in full or are insufficient for Us to consider the request, We will request additional information or documentation ii. On receipt of duly filled pre authorization form from the Network Provider along with other sufficient details to assess the request, We may; a. Issue the authorization letter specifying the sanctioned amount any specific limitation on the claim and non-payable items, if applicable or Reject the request for pre-authorization specifying reasons for the rejection			
	i. We shall send Release Of Information form to the Insured Person for signature and consent. ii. After receiving the signed Release Of Information form, We will retrieve hospitalization documents along with invoices iii. If these details are not provided in full or are insufficient for Us to consider the request, We will request additional information or documentation iv. On receipt of the complete documents We may a. issue the guarantee of payment specifying the sanctioned amount, any			

	Reject the request for pre-authorization specifying reasons for the rejection specific limitation on the claim and non-payable items, if applicable
	or b. reject the request for pre-authorization specifying reasons for the rejection
List of Claim documents	Not Applicable
Condonation of Delay	If the claim is not notified/ or submitted to Us within the specified time limits, then We shall be provided the reasons for the delay in writing. We will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control

1. List of documents for Reimbursement Claims

- i. Completely filled claim form, duly signed (by claimant/proposer) and stamped (by hospital).
- ii. Photo ID & Age Proof
- iii. Copy of claim intimation letter / reference of Claim Intimation Number in the absence of main claim documents
- iv. Copy of the Hospital's Registration Certificate/Hospital Registration number in case of hospitalization in any non network hospital of HDFC ERGO GIC or certificate from hospital authorities providing facilities available including number of beds.
- v. Original Discharge Card / Day Care Summary / Transfer Summary
- vi. Original final hospital bill with all original deposit and final payment receipt and refund receipt(s), if advance amount refunded
- vii. Original invoice with payment receipt and implant stickers for all implants used during surgeries e.g. lens sticker and invoice in cataract Surgery, stent invoice and sticker in Angioplasty Surgery.
- viii. All previous consultation papers indicating history and treatment details for current illness and advice for current hospitalization.
- ix. All original diagnostic reports (including imaging and laboratory) along with prescription by Medical Practitioner and invoice / bill with receipt from diagnostic centre
- x. All original medicine / pharmacy bills along with prescription by Medical Practitioner
- xi. MLC / FIR Copy – in Accidental cases only
- xii. History of alcohol consumption or any intoxication certified by first treating doctor in case of accidental cases.
- xiii. Copy of Death Summary and copy of Death Certificate (in death claims only)
- xiv. Pre and Post-Operative Imaging reports
- xv. Copy of indoor case papers with nursing sheet detailing medical history of the patient, treatment details, and patient's progress (to be submitted wherever required by the insurer).
- xvi. Original invoice for Vaccination and payment receipt
- xvii. KYC documents (in all claims above Rs 1 lakh) - (Ration Card/ Driving License/ Aadhar Card/ Passport /any other Government authorized identity proof of the Proposer carrying name, photograph & address) and duly filled KYC form with 1 signed across passport size coloured photograph of the Proposer. ***
- xviii. Duly filled NEFT form with cancelled blank cheque (with IFSC code, A/C number, and name mentioned on cheque leaf)
- xix. Settlement letter(s), copy(-ies) of payment receipts, and entire certified copy of paid claims in case of partial claim settlement from other insurer.

*** In case of death of proposer, the same document requirement would be for nominee/legal heir of proposer(NOC in favour of 1 or more than 1 undisputedly selected legal heir(s) by remaining legal heir(s).

2 Conditions for obtaining Cashless facility

- i. Cashless facility can be availed only at Our Network Provider. The complete list of Network Providers and empanelled Service Providers is available on Our website and can be obtained by contacting Us.
- ii. We reserve the right to modify, add or restrict any Network Provider for Cashless Facilities at Our sole discretion. The same shall be duly updated on Our website. You shall check the updated list of Network Providers before applying for Cashless Claim.
- iii. Pre-authorization is valid for 15 days from date of issuance and if all the details of the Hospitalization/treatment, including dates, Hospital and locations match with the details as per Cashless authorized.

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- iv. We will make payment for the Cashless authorized amount directly to the Network Provider.
- v. If the claim is not notified to Us within the specified time limits, then We shall be provided the reasons for the delay in writing. We will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control

GRIEVANCE REDRESSAL PROCEDURE

i. If You have a grievance that You wish Us to redress, You may contact Us with the details of Your grievance through:

Contact Points	First Contact Point	Escalation level 1	Escalation level 2
Contacts us at	022 6234 6234 / 0120 6234 6234	NA	NA
Write to us at	care@hdfcergo.com	grievance@hdfcergo.com	cgo@hdfcergo.com
Visit us	Grievance cell of any of our Branch office	The Grievance Cell, HDFC ERGO General Insurance Company Ltd., D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West) Mumbai-400078	Chief Grievance Officer, HDFC ERGO General Insurance Company Ltd., D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (w), Mumbai-400078

ii. If You are not satisfied with Our redressal of Your grievance through one of the above methods, You may approach the nearest Insurance Ombudsman for resolution of Your grievance. The contact details of Ombudsman offices are mentioned below.

Names of Ombudsman and Addresses of Ombudsmen Centres	
Office Details	Jurisdiction of Office (Union Territory, District)
AHMEDABAD - Shri Kuldip Singh Office of the Insurance Ombudsman, JeevanPrakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad - 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU - Smt. Neerja Shah Office of the Insurance Ombudsman, JeevanSoudhaBuilding, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru - 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in	Karnataka
BHOPAL - Shri Guru Saran Shrivastava Office of the Insurance Ombudsman, JanakVihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal - 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in	Madhya Pradesh Chattisgarh
BHUBANESHWAR - Shri Suresh Chandra Panda Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar - 751 009. Tel.: 0674 - 2596461 / 2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in	Orissa
CHANDIGARH - Dr. Dinesh Kumar Verma Office of the Insurance Ombudsman, S.C.O. No. 101 - 103, 2nd Floor, Batra Building, Sector 17 - D, Chandigarh - 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.
CHENNAI - Shri M. Vasantha Krishna Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI - 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).

DELHI - ShriSudhir Krishna Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi - 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@ecoi.co.in	Delhi
GUWAHATI - ShriKiriti .B. Saha Office of the Insurance Ombudsman, JeevanNivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati - 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@ecoi.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD - Shri I. Suresh Babu Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 67504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.
JAIPUR - Smt. SandhyaBaliga Office of the Insurance Ombudsman, JeevanNidhi - II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@ecoi.co.in	Rajasthan
ERNAKULAM - Ms. PoonamBodra Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in	Kerala, Lakshadweep, Mahe-a part of Pondicherry
KOLKATA - Shri P. K. Rath Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands
LUCKNOW - Shri Justice Anil Kumar Srivastava Office of the Insurance Ombudsman, 6th Floor, JeevanBhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareilly, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI - ShriMilind A. Kharat Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.

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<p>NOIDA - Shri Chandra Shekhar Prasad Office of the Insurance Ombudsman, BhagwanSahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: GautamBuddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in</p>	<p>State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshihar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur</p>
<p>PATNA - Shri N. K. Singh Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in</p>	<p>Bihar, Jharkhand</p>
<p>PUNE - Shri Vinay Sah Office of the Insurance Ombudsman, JeevanDarshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in</p>	<p>Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region</p>

ANTI REBATING WARNING

1) Section 41 of Insurance Act 1938 (Prohibition of Rebates):

- 1 No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the prospectus or tables of the insurers.
- 2 Any person making default in complying with the provision of this section shall be punishable with fine which may extend to Ten Lakh Rupees.

IRDA REGULATION NO 5 - This policy is subject to regulation 5 of IRDA (Protection of Policyholder's Interests) Regulation.